MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		2				
4		2				
5		2				
6		/				
7		/				
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	17	←		←		←
TOTAL CLAIMS	19					

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		IND.	DEP.	IND.	DEP.	IND.	DEP.
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	99						
	100						
	TOTAL IND.		↓		↓		↓
	TOTAL DEP.		←		←		←
	TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS